

ED 170A
REV. 5/03

C.G.S. 10-145
C.G.S. 10-145d, P.A. 03-168
Regs. 10-145d-412

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Educator Preparation and Certification
P.O. Box 150471 – Room 243
Hartford, CT 06115-0471
www.state.ct.us/sde



SHORT FORM APPLICATION FOR CONNECTICUT INITIAL EDUCATOR CERTIFICATE

Enclose \$100 (includes \$50 nonrefundable application fee) money order, cashier's check or certified bank check payable to: "Treasurer, State of CT"

PERSONAL INFORMATION (Print all information in dark ink and in uppercase letters.)

LAST NAME

FIRST NAME

MI

GENDER (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE (Month-Day-Year) – Required

ADDRESS (Street)

(Apt #)

(City)

FORMER LAST NAME(S)

(State)

(Zip Code)

PHONE

(Home)

(Work)

BACHELOR'S DEGREE _____
College/University

Race/Ethnicity

☐
(Optional)

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS _____

1. Have you ever been convicted of **any** crime, excluding minor traffic violations? ☐ YES ☐ NO
2. Have you ever been dismissed for cause from any position? ☐ YES ☐ NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? ☐ YES ☐ NO

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

APPLICANT ATTESTATION: I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

SIGNATURE OF APPLICANT

DATE

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.

Original Signatures Must Be On The Form Submitted



STATEMENT OF PREPARING HIGHER EDUCATION INSTITUTION

This institutional recommendation must be signed by the administrative official authorized to make such recommendation (Dean of the School of Education or Certification Officer) and **MUST include the embossed or colored seal of the college or university.**

Print all information in dark ink and in uppercase letters.

APPLICANT'S LAST NAME FIRST NAME MI - -
SOCIAL SECURITY NUMBER

NAME OF HIGHER EDUCATION INSTITUTION CITY STATE ZIP CODE

1a. The applicant has successfully completed a planned program for certification in:
(endorsement codes)

1b. ☐ Check box if the applicant completed a planned program for bilingual education in above discipline(s).

1c. Student teaching/practica/internship was completed at _____
(circle one) (school/district)
in grade/subject _____ from _____ to _____
(grade/subject) (date) (date)

1d. Student teaching/practica/internship was completed at _____
(circle one) (school/district)
in grade/subject _____ from _____ to _____
(grade/subject) (date) (date)

1e. ☐ Check box if student teaching/practica/internship was waived on the basis of preapproved experience or if applicant taught under a Durational Shortage Area Permit (DSAP). Please attach a written explanation and the Statement of Professional Experience form.

2. Subject area major _____

3. Date applicant completed all course work - -
(month) (day) (year)

4. ☐ Check box if applicant is recommended for certification as a school psychologist with a deficiency for the internship.

5. The applicant is recommended for certification without qualification (has satisfactorily completed the institution's approved planned program, including the state's testing requirements, has the qualities of character and personal fitness for teaching, and is competent in the areas for which certification is sought). ☐ YES ☐ NO

TYPED OR PRINTED NAME OF RECOMMENDING OFFICIAL

TITLE

SIGNATURE OF RECOMMENDING OFFICIAL

DATE

TELEPHONE

FAX

E-MAIL

Check box if you are requesting additional endorsement(s) and submit official transcript(s). ☐

If eligible for the additional endorsement(s) requested, you will be notified in writing and required to submit \$50 for each endorsement.

Additional endorsement(s) requested in:
(endorsement codes)

PLACE COLLEGE
OR UNIVERSITY
SEAL HERE

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CONNECTICUT STATE DEPARTMENT OF EDUCATION**Bureau of Educator Preparation and Certification****P.O. Box 150471 – Room 243****Hartford, CT 06115-0471**www.state.ct.us/sde**SHORT FORM APPLICATION FOR CONNECTICUT INITIAL EDUCATOR CERTIFICATE****WHEN TO USE THIS FORM**

This form is for individuals who completed an approved educator preparation program at a Connecticut college or university after July 1, 1993. If you completed your program prior to July 1, 1993, or if you completed your program outside of Connecticut, you must submit the general application form ED 170 and official transcripts.

If you have completed a planned program in administration or special services, you are required to provide official transcripts and/or verification of employment upon review of your request.

You may use this application form to request the following:

An Initial Educator Certificate: Eligibility for this certificate is based upon the completion of an approved preparation program at a Connecticut university or college and all required state assessments. It is valid for three years.

Cross Endorsement(s): This application also may be used to request additional endorsements at the time of application for an Initial Educator Certificate. Please check the box on the application and indicate the additional endorsement(s) requested. Official transcripts must be submitted in order to verify course work. Subject-area assessment scores (if applicable) must be reported to the Connecticut State Department of Education directly from the testing service prior to the issuance of an endorsement. Upon review of official transcripts and determination of your eligibility for cross endorsement, you will be notified in writing to submit any additional fees required.

HOW TO COMPLETE THIS FORM

1. Complete ALL sections on front of application.
2. Ensure that the preparing institution completes the back of this application.
3. Attach the \$100 fee in form of a money order, cashier's check or certified bank check payable to the "Treasurer, State of Connecticut".
4. Mail completed form with fee to the address at the top of this page.

PLEASE NOTE: ALL TESTING RESULTS MUST BE REPORTED TO THE STATE DEPARTMENT OF EDUCATION BY THE APPROPRIATE TESTING AGENCY PRIOR TO THE ISSUANCE OF A CERTIFICATE.

CONNECTICUT ENDORSEMENT CODES

Teaching Endorsements

| | |
|-----|----------------------------------|
| 010 | Business, 7 – 12 |
| 013 | Elementary, K – 6 |
| 015 | English, 7 – 12 |
| 018 | French, 7 – 12 |
| 019 | German, 7 – 12 |
| 020 | Italian, 7 – 12 |
| 021 | Latin, 7 – 12 |
| 022 | Russian, 7 – 12 |
| 023 | Spanish, 7 – 12 |
| 024 | Other World Language, 7 – 12 |
| 026 | History & Social Studies, 7 – 12 |
| 029 | Mathematics, 7 – 12 |
| 030 | Biology, 7 – 12 |
| 031 | Chemistry, 7 – 12 |
| 032 | Physics, 7 – 12 |
| 033 | Earth Science, 7 – 12 |
| 034 | General Science, 7 – 12 |
| 035 | Driver Education |
| 040 | Agriculture, Pre-K – 12 |
| 041 | Vocational Agriculture, 7 – 12 |
| 042 | Art, PK – 12 |
| 043 | Health, PK – 12 |
| 044 | Physical Education, PK – 12 |
| 045 | Home Economics, PK – 12 |
| 047 | Technology Education, PK – 12 |

| | |
|-----|--|
| 049 | Music, PK – 12 |
| 055 | Partially Sighted, PK – 12 |
| 057 | Hearing Impaired, PK – 12 |
| 059 | Blind, PK – 12 |
| 062 | School Library Media Specialist |
| 072 | School Nurse-Teacher |
| 073 | School Dental Hygienist-Teacher |
| 089 | Marketing Education, 7 – 12 |
| 101 | World Language Instructor, Elementary |
| 102 | Remedial Reading & Remedial Language Arts, 1 – 12 |
| 104 | Cooperative Work Education/Diversified Occupations |
| 110 | Unique Subject-Area Endorsement |
| 111 | Teaching English to Speakers of Other Languages (TESOL), PK – 12 |
| 112 | Integrated Early Childhood/Special Ed., Birth – Kindergarten |
| 113 | Integrated Early Childhood/Special Ed., Nursery -K – Elem. 1 – 3 |
| 165 | Comprehensive Special Education, K – 12 |
| 215 | English, Middle School |
| 226 | History & Social Studies, Middle School |
| 229 | Mathematics, Middle School |
| 230 | Biology, Middle School |
| 231 | Chemistry, Middle School |
| 232 | Physics, Middle School |
| 233 | Earth Science, Middle School |
| 234 | General Science, Middle School |
| 235 | Integrated Science, Middle School |

Administrative Endorsements

| | |
|-----|--|
| 085 | School Business Administrator |
| 092 | Intermediate Administration or Supervision |
| 093 | Superintendent of Schools |
| 097 | Reading and Language Arts Consultant |
| 105 | Department Chairperson |

Adult Education Endorsements

| | |
|-----|--|
| 088 | Non-English Speaking Adults |
| 106 | High School Credit Diploma Program |
| 107 | External Diploma Program/Noncredit Mandated Programs |

Special Services Endorsements

| | |
|-----|---------------------------------|
| 061 | Speech and Language Pathologist |
| 068 | School Counselor |
| 070 | School Psychologist |
| 071 | School Social Worker |

Vocational Endorsements

| | |
|-----|--|
| 082 | Vocational Technical Administrator |
| 090 | Occupational Subject, Vocational Technical Schools |
| 091 | Trade-Related Subjects, Vocational Technical Schools |
| 098 | Trade & Industrial Occupations – Comprehensive High School |
| 103 | Health Occupations – Comprehensive High School |
| 108 | Practical Nurse Education Instruction |
| 109 | Health Occupations – Vocational Technical Schools |

****Certification Codes No Longer Issued. These codes may only be renewed by current endorsement holders****

| | |
|-----|------------------------------------|
| 001 | Pre-K – Grade 8 |
| 002 | Pre-K – Grade 6 |
| 003 | Pre-K – Grade 3 |
| 004 | Grades 1 – 8 |
| 005 | Elementary Education, 1-6 |
| 006 | Middle Grades, 4 – 8 |
| 007 | Academic Subjects |
| 008 | Pre-K and Kindergarten |
| 009 | Bilingual, PK – 12 |
| 011 | Licensed Practical Nurse |
| 016 | English, 7 – 9 |
| 017 | Speech, 7 – 12 |
| 025 | History, 7 – 12 |
| 027 | Social Studies, 7 – 12 |
| 028 | History & Social Studies, 7 – 9 |
| 036 | Core Curriculum |
| 037 | Psychology, 7 – 12 |
| 038 | Sociology, 7 – 12 |
| 039 | Secondary Subject |
| 046 | Vocational Home Economics, PK – 12 |
| 048 | Librarian, 7 – 12 |
| 050 | Special Subject |
| 051 | Mentally Handicapped 1 – 12 |
| 052 | Mentally Handicapped 7 – 12 |
| 053 | Physically Handicapped, 1 – 12 |

| | |
|-----|--|
| 054 | Physically Handicapped, 7 – 12 |
| 056 | Partially Sighted, 7 – 12 |
| 058 | Deaf, 7 – 12 |
| 060 | Blind, 7 – 12 |
| 063 | Special Teacher of Reading, 1 – 8 |
| 064 | Special Teacher of Reading, 7 – 12 |
| 065 | Comprehensive Special Education, PK – 12 |
| 066 | Guidance Counselor – Elementary |
| 067 | Guidance Counselor – Secondary |
| 069 | Psychological Examiner |
| 074 | Elementary Principal |
| 075 | General Supervisor – Elementary |
| 076 | Secondary Principal |
| 077 | General Supervisor – Secondary |
| 078 | Principal – Combined School |
| 079 | Special Supervisor |
| 080 | Administrative Assistant |
| 081 | Superintendent of Schools |
| 083 | Special Administrative |
| 086 | Director of Adult Education (Full Time) |
| 087 | Director of Adult Education (Part Time) |
| 094 | Adult Education |
| 095 | Education Supervisor (State Department) |
| 096 | Reading Consultant, K – 8 |
| 265 | Comprehensive Special Education, 1 – 12 |

NOTE: Bilingual codes are not provided. Check appropriate box on application to request a bilingual endorsement.